04/20/2009 17:06

Image# 29933581116

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For C	Other Than Ar	Authorize	d Committe	ee		Office Use Onl	у
NAME OF COMMITTEE (in full)		FEC MAILING LA YPE OR PRINT		ample:If typing er the lines	, type			
American Academy of		gy Inc Political Co	mmittee (OPH	ГНРАС) _				
ADDRESS (number and stre	eet) 655	5 Beach Street						
Check if different than previously reported. (ACC)		n Francisco				CA	94109]-[
2. FEC IDENTIFICATIO	N NUMBER	~	CITY 🛕		(STATE	ZIPC	ODE 🛕
C00196246			3. IS THIS REPORT		NEW N) OR		MENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (I	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	(c) 12-Day PRE-Electi Report for	Election on		12C)	Se	(12G) in th State	Special (30S)
5. Covering Period	03	01 200	9	through	03	3 1	2009	
I certify that I have examine Type or Print Name of Trea		and to the best of enjamin Bank	my knowledge	and belief it is	true, correct	and complete		
olginatare of Treasurer	Ele <u>ctronically</u>		nin Bank	.h.;		ate 0.4		2009
NOTE : Submission of fals	e, erroneous,	or incomplete info	rmation may st	ibject the perso	on signing thi	s Report to th	FEC FO	-
Use		1					1	2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) [®] D D 03 0 1 2009 0.3 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 681385.49 2009 January 1 (b) Cash on Hand at 631031.97 Begining of Reporting Period 18650.31 58541.31 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 649682.28 739926.80 6(a) and 6(c) for Column B) 96262.62 186507.14 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 553419.66 553419.66 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2009

3^D1

2009

58541.31

58541.31

М М

0 1

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

М М

Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 24831.23 16402.91 (i) Itemized (use Schedule A) 1245.42 28953.08 (ii) Unitemized (iii) TOTAL (add 17648.33 53784.31 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 17648.33 53784.31 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 1001.98 4757.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)).

18650.31

18650.31

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 762.62 3738.14 Expenditures..... (c) Total Operating Expenditures 762.62 3738.14 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 95500.00 123500.00 24. Independent Expenditure 0.00 58704.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 565.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 565.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 96262.62 186507.14 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 96262.62 186507.14 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17648.33	53784.31
34.	Total Contribution Refunds (from Line 28(d))	0.00	565.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17648.33	53219.31
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	762.62	3738.14
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	762.62	3738.14

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Richard Abbott Mailing Address 54 TOPSIDE WAY City MILL VALLEY FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupatio Ophthalr Aggregate		Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) Belu Allam Mailing Address Suite 6C 800 Peakwood Drive City Houston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State TX C Occupatio Ophthalr Aggregate		Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Priscilla Arnold Mailing Address 140 Highway 201 N City Mountain Home FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State AR C Occupatio Ophthalr Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			956.25

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Politica	I Committee (OPHTHPAC)	
. ∠ \.	Full Name (Last, First, Middle Initial) Steven Bagan			Date of Receipt
	Mailing Address 4344 20th Avenue So	uthwest		03 / 03 / 2009
	City	State	Zip Code	Transaction ID: 3AL3O6187468
	<u>Fargo</u>	ND	58103-7436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Janet Betchkal			Date of Receipt
	Mailing Address 6335 Christopher Cre	03 27 2009		
	City	State	Zip Code	Transaction ID: F56C8645-980F-4370
	<u>Jacksonville</u>	<u>FL</u>	32217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Michael Brennan			Date of Receipt
	Mailing Address 1016 Kirkpatrick Road	d		03 18 2009
	City	State	Zip Code	Transaction ID: 41b2835f5ea48c1fc82
	Burlington	NC	27215-9714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00	
Г		1		2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Avenue 6th Floor City Jersey City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophthalr Aggregate		Date of Receipt M
В.	Full Name (Last, First, Middle Initial) William Clifford Mailing Address 102 Drury Lane City Garden City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State KS C Occupation Ophthalr Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Linda Day Mailing Address 6309 Evanston Avenue City Seattle FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State WA C Occupation Ophthalr		Date of Receipt 0 3
S	SUBTOTAL of Receipts This Page (optional)			715.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and address of any political committ	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Demartini Mailing Address Suite 222 122 La Casa Viaduct City Walnut Creek FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code CA 94598-3014 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt O 3 O 3 O 3 O 9 Transaction ID: 3AL3O6884236 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Full Name (Last, First, Middle Initial) David Dodwell Mailing Address 1230 Centre West Driv City Springfield FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code IL 62704-2173 C Occupation Ophthalmologist Aggregate Year-to-Date 300.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Durfee Mailing Address 616 SE Manchester Pl City Portland FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	ace State Zip Code OR 97202 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		965.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and ad	ldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Aver			Date of Receipt
	City Metairie	State	Zip Code 70002-1361	Transaction ID: 48728b78bd074b203233 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70002-1501	100.00
	Name of Employer self Receipt For: Primary General	Occupation Ophthali Aggregate	mologist e Year-to-Date ▼	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Other (specify) Full Name (Last, First, Middle Initial) David Glasser	0 0	300.00	Date of Receipt
	Mailing Address Suite 101 6350 Stevens Forest	03 / 09 / 2009		
	City Columbia	State MD	Zip Code	Transaction ID: AFPO91634326
	FEC ID number of contributing federal political committee.	C	21046-3240	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthali		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Robert Jay Granadier			Date of Receipt
	Mailing Address 911 Charrington			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City <u>Bloomfield Hills</u>	State MI	Zip Code 48301	Transaction ID: 1BC1678C-9CF6-40F8- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	- ' 	mologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1100.00
İ	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persue name and address of any political committee to y Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Kurt Frederick Heitman Mailing Address 104 Simpson St City Greenville FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code SC 29605 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Bonnie A. Henderson Mailing Address 102 Pegan Lane City Dover FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MA 02030 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M D D 2 0 0 9 Transaction ID: A16C430B-F762-4B38- Amount of Each Receipt this Period 250.00
С.	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State Zip Code MA 02114-2539 C Occupation Ophthalmologist Aggregate Year-to-Date 1249.98	Date of Receipt M M
	SUBTOTAL of Receipts This Page (optional)		1166.66

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
American Academy of Ophthalmolog	gy inc Political Committee (OPHTHPAC)	1
Full Name (Last, First, Middle Initial) James Jochum Mailing Address 787 Healthcare Drive)	Date of Receipt
		03 03 2009
City	State Zip Code	Transaction ID: AZFWCB047335
Orange City	FL 32763-8325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	370.00	
Full Name (Last, First, Middle Initial) Randolph Johnston	1	Date of Receipt
Mailing Address 1300 E 20th Street		03 / 20 / Y Y Y Y
City	State Zip Code	Transaction ID: E92FD9431984
Cheyenne	WY 82001-4021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Kenneth Karlin		Date of Receipt
Mailing Address 10101 harewood ct.		03 / 25 / Y Y Y Y
City	State Zip Code	Transaction ID: BD01A432-CCB9-4
great falls	VA 22066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	1	1870.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	ldress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Lisa Lane			Date of Receipt
	Mailing Address 5790 N Camino De La	Sombra		03 / 09 / 2009
	City	State	Zip Code	Transaction ID: 47f280014f3d7caaae78
	Tucson FEC ID number of contributing federal political committee.	C	85718-3919	Amount of Each Receipt this Period 100.00
	Name of Employer self	Occupation		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)	Ophthali Aggregate	mologist e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Jason Levine	<u> </u>		Date of Receipt
	Mailing Address 5790 N Camino De La	03 04 2009		
	City	State	Zip Code	Transaction ID: 443986eae9b7e25657ae
	Tucson	AZ	85718-3919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		PACWEB RECURRING CC PAYME-
	Name of Employer self	Occupation Ophthali	mologist	NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) David Lewis	1		Date of Receipt
	Mailing Address Suite GI-3 990 S Medical Drive			03 03 2009
	City Brigham City	State UT	Zip Code 84302-4713	Transaction ID: 3AL3O6731518 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.4002 47.10	365.00
	Name of Employer self	Occupation Ophthali		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			565.00
	TOTAL This Period (last page this line number			

Mailing Address Suite 200 9801 Dupont Avenue S	ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Benorts and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. Richard Lindstrom Mailing Address Suite 200 9801 Dupont Avenue S City State Zip Code Bloomington MN 55431-3200 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ FEC ID number of contributing federal political committee. B. Nick Manasis Mailing Address 2246 Willow Hills Dr City State Zip Code Sandy UT 84993 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Note Manasis Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. City State Zip Code State Vear-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey Way Suite 1 City State Zip Code State Zip Code State Vear-to-Date ▼ Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer State Zip Code State Zip Co		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer self Name of Employer Self Occupation Ophthalmologist Aggregate Year-to-Date ▼	∠ A .	Richard Lindstrom Mailing Address Suite 200 9801 Dupont Avenue S	State	Zip Code	03 / 20 / Y Y Y Y Y
Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Nick Manalis Mailing Address 2246 Willow Hills Dr City State Zip Code Sandy UT 84093 FEC ID number of contributing federal Other (specify) ▼ Formary General Ccupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ State Zip Code Son.00 Date of Receipt Transaction ID: 15209155-1A54-4B Amount of Each Receipt this Period FEC ID number of Contributing Formary General Other (specify) ▼ State Zip Code AZ 85012-2620 Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey Way Suite 1 City State Zip Code AZ 85012-2620 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 1RVUT2696748 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 1RVUT2696748 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 1RVUT2696748 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ A		FEC ID number of contributing		55431-3200	
B. Nick Mamalis Mailing Address 2246 Willow Hills Dr City State Zip Code Sandy UT 84093 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ State Zip Code Ophthalmologist Promas Moore Mailing Address 214 E Monterey Way Suite 1 C. Thomas Moore Mailing Address 214 E Monterey Way Suite 1 C. Thomas Moore Mailing Address 214 E Monterey Way Suite 1 C. Thomas Moore Mailing Address 214 E Monterey Way Suite 1 C. Thomas Moore Mailing Address 214 E Monterey Way Suite 1 City State Zip Code Phoenix AZ 85012-2620 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼		Receipt For: Primary General	Ophthali	mologist e Year-to-Date ▼	Batch Tool - PAC
Sandy UT 84093 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer self Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey Way Suite 1 City State Zip Code Phoenix FEC ID number of contributing federal political committee. Name of Employer Self C State Sol12-2620 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼	В.	Nick Mamalis			M M / D D / Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey Way Suite 1 City State Zip Code Phoenix AZ 85012-2620 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Ophthalmologist Aggregate Year-to-Date ▼		Sandy FEC ID number of contributing	UT	•	
Thomas Moore Mailing Address 214 E Monterey Way Suite 1 City State Zip Code Phoenix AZ 85012-2620 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / 24 / 2009 Transaction ID: 1RVUT2696748 Amount of Each Receipt this Period Batch Tool - PAC		Receipt For: Primary General	Ophthali	mologist e Year-to-Date ▼	
City State Zip Code Phoenix AZ 85012-2620 FEC ID number of contributing federal political committee. Name of Employer self Primary General Other (specify) ▼ State Zip Code AZ 85012-2620 C	С.	Thomas Moore	L Suite 1		M M / D D / Y Y Y Y
Name of Employer self Occupation Ophthalmologist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Phoenix FEC ID number of contributing	AZ	•	Transaction ID: 1RVUT2696748 Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Name of Employer	Occupation		Batch Tool - PAC
1005.00		Primary General		e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			1365.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one) X 11a
0	Any information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Sara O'Connell Mailing Address 7504 Antioch Road			Date of Receipt
	City Overland Park	State KS	Zip Code 66204-2622	Transaction ID: 0132246 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalin Aggregate		Batch roof - PAC
— В.	Full Name (Last, First, Middle Initial) Michael Redmond Mailing Address 8333 N Davis Hwy.			Date of Receipt 0 3 0 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 33035372-C245-43EC-
	Pensacola FEC ID number of contributing federal political committee.	FL C	32514	Amount of Each Receipt this Period 500.00
	Name of Employer self Receipt For:	Occupation Ophthalr Aggregate		
	Primary General Other (specify) ▼		500.00	
_ С.	Full Name (Last, First, Middle Initial) Carolyn Sakauye Mailing Address Eye Medical Clinic of 1360 E Herndon Aven			Date of Receipt 0 3 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 7C9SFR352687
	Fresno FEC ID number of contributing federal political committee.	CA	93720-3326	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
-	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Cynthia Self		,	Date of Receipt
	Mailing Address 50 Meadowbrook Rd City	State	Zip Code	0 3 0 6 2 0 0 9 Transaction ID: 81393601-E77E-4619-
	Bangor	ME	04401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) David Shulman			Date of Receipt
	Mailing Address Suite 127 999 E Basse Road		7.0.1	03 / 08 / 2009
	City	State	Zip Code	Transaction ID: 4314bc5319c0318f8a4a
	San Antonio FEC ID number of contributing federal political committee.	C	78209-1802	Amount of Each Receipt this Period
	Name of Employer self	Occupation Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
С.	Full Name (Last, First, Middle Initial) Sidney Simonian			Date of Receipt
	Mailing Address 3490 Middlebelt Rd			03 / 15 / Y Y Y Y Y Y
	City Orchard Lake	State MI	Zip Code 48323	Transaction ID: 31AF0610-6A81-472E-
	FEC ID number of contributing federal political committee.	C	40323	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			850.00
	TOTAL This Period (last page this line number	only)		

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME (ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) can Academy of Ophthalmology			on for the purpose of soliciting contributions solicit contributions from such committee.
City Mesa FEC ID federal p	ne (Last, First, Middle Initial) Spurny Address 3834 N. Paseo Del Sol number of contributing political committee.	State AZ C Occupatio Ophthalr		Date of Receipt M M D D Y Y Y Y Y Y Y Y
Ot	imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Robert T	ne (Last, First, Middle Initial) ibolt Address 655 Medical Center Dr	NE		Date of Receipt 0 3 1 1 2 0 0 9
City		State	Zip Code	Transaction ID: 2F6F46BC-A73B-4A66
<u>Salem</u>		OR	97301	Amount of Each Receipt this Period
	number of contributing political committee.	C		1000.00
Name of self	f Employer	Occupatio Ophthalr		
	For: imary General ther (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
Full Nan Kevin Tr	ne (Last, First, Middle Initial) eacy			Date of Receipt
Mailing /	Address 645 Ridgewood Road			03 / 03 / 2009
City		State	Zip Code	Transaction ID: 3AL3O6365142
	number of contributing political committee.	C	55804-1856	Amount of Each Receipt this Period 500.00
Name of self	f Employer	Occupatio Ophthalr		Batch Tool - PAC
	For: imary General ther (specify) ▼	_ ' _ '	e Year-to-Date ▼ 500.00	
SUBTOTA	NL of Receipts This Page (optional)			2000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one) X
A	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personame and address of any political committee to r Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial)		Date of Receipt
۱.	Yujen Wang Mailing Address Suite 103 2859 State Street		0 3 2 3 2 0 0 9
	City <u>Medford</u>	State Zip Code OR 97504-8495	Transaction ID: 446284d4239429c6b66 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) C. P. Wilkinson Mailing Address 7707 rider hill rd		Date of Receipt
		Olate 7's Oads	03 18 2009
	City baltimore	State Zip Code MD 21204	Transaction ID: F9BBBC0B-30B2-4F39 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer self	Occupation Ophthalmologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Arnold Yagoda		Date of Receipt
	Mailing Address 67 East 78th Street		03 09 7 9 9
	City New York	State Zip Code NY 10075-0273	Transaction ID: AFPO91135270
	FEC ID number of contributing federal political committee.	NY 10075-0273	Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	CURTOTAL of Descripto This Days (self-see)		850.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 29
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Daryl Zelenak Mailing Address 4309 Brambleridge Land		7.01	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Midland	State MI	Zip Code 48640	Transaction ID: 73D0C655-D6F1-498D- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupatio Ophthalr		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	16402.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any person address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Polit	tical Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 101 S Marengo Avenue 3rd Floor City State	e Zip Code	Date of Receipt M M M
Pasadena CA FEC ID number of contributing federal political committee. C	91101	Amount of Each Receipt this Period 981.06
Name of Employer Receipt For: Primary Other (specify) Aggre	egate Year-to-Date ▼ 2836.13	CD interest - Mar09

SUBTOTAL of Receipts This Page (optional)	•	981.06
TOTAL This Period (last page this line number only)	•	981.06

SC	CHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page						IUMBE	R:		PAGE 21 / 29				
IT	EMIZED DISBURSEMENTS					heck o 21b 27	F	22 28a	\perp	23 28b	24 28	。 F	_	25 29	
	y Information copied from such Reports and Staten														
or i	for commercial purposes, other than using the nam	e and addre	ss of any political	com	nmı	ttee to	SOIIC	it cont	ributio	ons tr	om sucr	1 con	nmıı	tee	
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political C	Committee (OP	HT	ΗP	AC)									
<u>/</u>	Full Name (Last, First, Middle Initial) AAO										: V37	790-	518	3016	9939
	Mailing Address 655 Beach St.							0 ^M 3	M /	D 2	2 7 /	Υ	ž 0	ŏ9	Y
	City San Francisco	State CA	Zip Code 94109					Amou	unt of	Each	Disbur	seme			
	Purpose of Disbursement Feiss receipt moved to Admin				00)1		L.	-				36	5.00	•
	Candidate Name				ate Ty	gory/ oe									
	Senate President	ement For: Primary Other (spe	General												
	State: District:														
	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.										: 2fca ement	8fb5	a0	3801	d3b
	Mailing Address PO Box 63020							0 ^M 3	M /	D 3	3 1 /	Υ	ž 0	ó 9	Υ
	City San Francisco	State CA	Zip Code 94163					Amou	unt of	Each	Disbur	seme	ent t	his P	eriod
	Purpose of Disbursement Bank charges 3/09			Г	00)1		L.	_			-	29	8.73	
	Candidate Name				ate Ty	gory/ oe									
	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼												
	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.							Date	of Dis	sburs	: a417 ement				
	Mailing Address PO Box 63020							0 ^M 3	M /	D 3	3 1 /	Υ	ž 0	ó 9	Y
	City San Francisco	State CA	Zip Code 94163					Amou	unt of	Each	Disbur	seme			
	Purpose of Disbursement AMEX discount 3/09				OC.)1		L.		-			9	8.89	
	Candidate Name				ate Ty	gory/ oe									
	Senate President	ement For: Primary Other (spe	General ocify) ▼												
	State: District:							_							
SI	UBTOTAL of Disbursements This Page (optional)					<u> </u>	•						76	2.62	
T	OTAL This Period (last page this line number only)					•	•						76	2.62	

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE	NUMBE	R:	PA	GE 22/	29
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				for the pu	rpose of s		ontribution	S
NAME OF COMMITTEE (In Full)								
American Academy of Ophthalmology Inc	Political Committee (OF	PHTHPA	C)					
Full Name (Last, First, Middle Initial) Berkley for Congress					action ID of Disburs		-730526	1492729
Mailing Address 3069 Conquista Court				0,3	M / D	26 / Y	žoŏ	9 ^Y
City Las Vegas	State Zip Code NV 89121			Amou	nt of Each	Disburse	ment this	Period
Purpose of Disbursement Contribution		011					5000.0	0
Candidate Name Shelley Berkley		Catego Type	-					
Senate X President	ement For: 2010 Primary General Other (specify)							
State: NV District: 01								
Full Name (Last, First, Middle Initial) Bilirakis for Congress				Date o	of Disburs	ement	-807781	3982963
Mailing Address 610 S. Boulevard				0 3	M / D	27	žoŏ	9 [*]
City Tampa	State Zip Code FL 33606			Amou	nt of Each	Disburse		
Purpose of Disbursement 2010 Primary		011					1000.0	0
Candidate Name Gus Michael Bilirakis		Catego Type	•					
	ement For: 2010 Primary General Other (specify)							
State: FL District: 09								
Full Name (Last, First, Middle Initial) Bluegrass Committee					action ID of Disburs		-296337	3064994
Mailing Address 400 N Capitol St NW #58 #585	85			0 3	M / D	27	žoŏ	9 ^Y
	State Zip Code DC 20001			Amou	nt of Each	Disburse		
Purpose of Disbursement							2500.0	0
Contribution 2009 Leadership Committee Candidate Name		011 Catego Type	ory/					
Senate President X	ement For: 2009 Primary General Other (specify)	1 /6-						
State: District: Contrib	ution							
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				8500.0	0

TOTAL This Period (last page this line number only)

	HEDULE B (FEC FOIII 3/	' Use s	Use separate schedule(s)			k only one	IE NUMBER: PAGE 23 and page 23				
	EMIZED DISBURSEMENT	Detai	ach category of the led Summary Page		2 2	1b	2 X 2 8a 2	3b 28	3c 2	9 🗌 3	
	Information copied from such Reports and commercial purposes, other than using										
L .	NAME OF COMMITTEE (In Full)										
1 \	American Academy of Ophthalmolo	ogy Inc Politica	al Committee (Ol	PHTH	HPAC))					
	Full Name (Last, First, Middle Initial)					Т	ransaction	ID : 910	18-3904	2299985	
	Democratic Congressional Campai	gn Committee					ate of Disb		V V	v	
	Mailing Address 430 South Capito 2nd Floor	l Street, SE					0.3	19 /	20	Ď9Ť	
	City Washington	State DC	Zip Code 20003			A	mount of E	ach Disbu	rsement th	is Period	
	Purpose of Disbursement					7 L			15000	0.00	
	2009 Contribution			-	011						
(Candidate Name			1	ategory Type	"/					
Ī	Office Sought: House	Disbursement Fo	or: 2009								
	Senate	Primar									
	State: President District:	Contribution	(specify)								
	Full Name (Last, First, Middle Initial)						ransaction	ID: 010	10 6004	E017466	
	Democratic Senatorial Campaign C	Committee				I	ate of Disb		10-0904	3∠1740t	
Ī	Mailing Address 120 Maryland Ave	enue NE				_ [03 /	20	y žo	0 9 °	
	City	State	Zip Code			A	mount of E	ach Disbu	rsement th	is Period	
	Washington Purpose of Disbursement	DC	20002			_ [15000	0.00	
	2009 Contribution				011						
•	Candidate Name				ategory Type	//					
	Senate President			•							
	State: District: Full Name (Last, First, Middle Initial)	Contribution						ID 040	10 1507	711110	
	Earl Pomeroy for Congress						ransaction ate of Disb	ursement			
Ī	Mailing Address PO Box 9336						03 /	^D 2 0 /	20	0°9	
	City Fargo	State ND	Zip Code 58106			A	mount of E	ach Disbu	rsement th	is Period	
Ī	Purpose of Disbursement 2010 Primary				011	╗ [2500	0.00	
	Candidate Name			_	ategory	,/					
	Earl Pomeroy				Туре						
	Senate President	Disbursement Fo X Primar Other									
; [State: ND District: 01					Г	•		-		
	IBTOTAL of Disbursements This Page (c								32500	00	

TEMPER BIODURGEMENTS	Use separate schedule(s)	(check onl	NE NUMBER: PAGE 24 / 29 only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3					
Any Information copied from such Reports and Stator for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political Committee (OF	PHTHPAC)						
Full Name (Last, First, Middle Initial) Friends of Chris Dodd			Transaction ID: 37790-27508181333					
Mailing Address PO Box 270701			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$					
City West Hartford	State Zip Code CT 06127		Amount of Each Disbursement this Period					
Purpose of Disbursement Contribution 2010 Primary		011	1500.00					
Candidate Name Christopher J. Dodd		Category/ Type						
X Senate President	x Primary General Other (specify)							
State: CT District: Full Name (Last, First, Middle Initial)			Transaction ID: 91018-52607363462					
Georgians for Isakson			Date of Disbursement					
Mailing Address Post Office Box 2501	6		$\begin{bmatrix} 0 & 3 & 1 \\ 0 & 3 & 1 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$					
City Atlanta	State Zip Code GA 30325		Amount of Each Disbursement this Period					
Purpose of Disbursement Contribution 2010 Primary		011	1000.00					
Candidate Name Johnny Isakson		Category/ Type						
X Senate President	rsement For: 2010 X Primary General Other (specify)							
State: GA District: Full Name (Last, First, Middle Initial) Grassley Committee Inc			Transaction ID: 37790-2031061053					
Mailing Address PO Box 1000			03 7 27 7 2009					
City Des Moines	State Zip Code IA 50304		Amount of Each Disbursement this Period					
Purpose of Disbursement 2010 Primary		011	2500.00					
Candidate Name Charles E. Grassley		Category/ Type						
X Senate President	x Primary General Other (specify)							
State: IA District:								
SUBTOTAL of Disbursements This Page (option	al)		5000.00					

		Use separate schedu			R LINE eck only		٠		Ŀ	/\GL	25 / 29	
П _	EMIZED DISBURSEMENTS	for each category of Detailed Summary P			21b 27	22 28a	—	23 28b	24 28c		25 29	3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)											
\rangle	American Academy of Ophthalmology Inc	Political Committee	(OPHTI	НРА	C)							
	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress					Date o	of Dis	burse				
	Mailing Address 200 North Main St. PO E 200 North Main St. PO E	Box 712				0 3	M /		^D /		0 ŏ 9 `	
	City Monticello	State Zip Code IN 47960				Amou	nt of I	Each	Disburs			rioc
	Purpose of Disbursement 2010 Primary Candidate Name			011 atego						10	00.00	
	Stephen E. Buyer			Туре								
	Senate X President	ement For: 2010 Primary Gen Other (specify)	eral									
	State: IN District: 04 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	9101	8-654	49160	
	John Shadeggs Friends					Date o		burse			0 0 9	
	Mailing Address PO Box 45444					0 3		<u> </u>	9		009	_
	City Phoenix	State Zip Code AZ 85064				Amou	nt of I	Each	Disburs			rio
	Purpose of Disbursement Contribution 2010 Primary		_	011			•	•		50	00.00	
	Candidate Name John Shadegg			atego Type	,							
	X X	ement For: 2010 Primary Gen Other (specify)	eral									
	Full Name (Last, First, Middle Initial) Kirkpatrick for Arizona					Date o	of Dis	burse		0-461	1017	07
	Mailing Address PO Box 993					0 ^M 3	M /	^D 2	7 /	Ý Ž	o ŏ 9	
	City Prescott	State Zip Code AZ 86302				Amou	nt of I	Each	Disburs			rio
	Purpose of Disbursement 2010 Primary		_	011		L.	0			10	00.00	_
	Candidate Name Ann Kirkpatrick			atego Type								
	, and tangent or		•									
	Office Sought: X House Disburs	ement For: 2010 Primary Gen Other (specify)	eral									

IT	CHEDULE B (FEC Form	Juse separ	rate schedule(s)		NUMBER: PAGE 26 / 29
	EMIZED DISBURSEMEN	ITS for each c	category of the Summary Page	(check only 21b 27	7 one)
	y Information copied from such Reports for commercial purposes, other than usi				or the purpose of soliciting contributions
\ \	NAME OF COMMITTEE (In Full)	Tig the name and address	5 of arry political	COMMITTILLE TO SOI	- Contributions from Such Committee
\rangle	American Academy of Ophthalm	ology Inc Political Co	ommittee (OP	HTHPAC)	
	Full Name (Last, First, Middle Initial) Larson for Congress				Transaction ID: 37790-31757754087 Date of Disbursement
	Mailing Address 29 Ruff Circle				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
	City Glastonbury	State CT	Zip Code 06033		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution 2010 Primary			011	2500.00
	Candidate Name John B. Larson	I 5:1		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spec	2010 General		
	State: CT District: 01		···• /) •		
	Full Name (Last, First, Middle Initial) National Republican Congression	nal Committee			Transaction ID: 91018-19625490903 Date of Disbursement
	Mailing Address 320 First Stree	t			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & Y \\ 2 & 0 & O & 9 \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution			011	15000.00
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary X Other (spec	2009 General		
	State: District:	Contribution	νιι γ) Ψ		
	Full Name (Last, First, Middle Initial) National Republican Senatorial (Committee			Transaction ID: 91018-0123254656 Date of Disbursement
_					M M / D D / Y Y Y
	Mailing Address 425 Second St	reet NE			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	Mailing Address 425 Second St City Washington	reet NE State DC	Zip Code 20002		Amount of Each Disbursement this Period
	City Washington Purpose of Disbursement 2009 Contribution	State		Q11	
	City Washington Purpose of Disbursement 2009 Contribution Candidate Name	State DC	20002	011 Category/ Type	Amount of Each Disbursement this Period
	City Washington Purpose of Disbursement 2009 Contribution Candidate Name Office Sought: House Senate President	State DC Disbursement For: Primary X Other (spec	20002 2009 General	Category/	Amount of Each Disbursement this Period
	City Washington Purpose of Disbursement 2009 Contribution Candidate Name Office Sought: House Senate	State DC Disbursement For: Primary	20002 2009 General	Category/	Amount of Each Disbursement this Period

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBER:					PAGE 27/29		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 28a	Х	23 28b	Н	24 28c	П	25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name			person	for th	he pur		e of s		ting co		ution	\bot
NAME OF COMMITTEE (In Full)	le and address of any political col	1111111111	ee 10 S	Olicit	COITE	Duti	0115 11	OIII	Sucirio	OHIII	iiiiee	
American Academy of Ophthalmology Inc	Political Committee (OPHT	HPA	C)									
Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth						Transaction ID: 91018-7845575213432 Date of Disbursement 0 3						
Mailing Address 7804 Evening Lane												
City Alexandria	State Zip Code VA 22306			-	Amour	nt of	Each	n Dis	burse	men	this I	Period
Purpose of Disbursement 2009 Contribution		011								50	0.00	0
Candidate Name		Catego Type	ory/									
Senate President	ement For: 2009 Primary General Other (specify)											
State: District: Contrib	Dution											
Principles Exalt a Nation Political Action Committee					Transaction ID: 91018-1034051775932 Date of Disbursement							
Mailing Address PO Box 1131					03 / 19 / 2009							
City Anderson	State Zip Code IN 46015			1	Amour	nt of	Each	n Dis	burse			
Purpose of Disbursement 2009 Contribution	011				_				15	0.00	0	
Candidate Name	C	Catego Type	-									
Senate	ement For: 2009 Primary General Other (specify)											
State: District: Contrib	oution											
Full Name (Last, First, Middle Initial) Victory in November Election Pac (VINEP	AC)				Date o		sburs	eme		-233	3867	8240776
Mailing Address 607 14th Street NW Suite 800					0,3	M	D 1	1 9	/ Y	ž	o ŏ s	9 ^Y
City Washington	State Zip Code DC 20005			<i>A</i>	Amour	nt of	Each	n Dis	burse			
Purpose of Disbursement 2009 Contribution 011						-	_			25	0.00	0
Candidate Name		011 Catego Type	ory/									
Senate President	ement For: 2009 Primary General Other (specify)											
State: District: Contrib	Dution			Н.		_		_		_		
SUBTOTAL of Disbursements This Page (optional)				ļ			•			90	0.00	0

TOTAL This Period (last page this line number only)

A.

~	SUEBLUE BYEEDE AV							
5(CHEDULE B (FEC Form 3X)	Use separate :	schedule(s)		NUMBER:	PAGE	28 / 29	
ITEMIZED DISBURSEMENTS			for each category of the	(check only	y one)			
• •	LIVIIZED DIODOTIOEMILITIO	Detailed Sumr		21b	22 X 23	24	25	26
			, ,	27	28a 28b	28c	29	30b
An	y Information copied from such Reports and	Statements may not be	sold or used by	y any person f	or the purpose of s	oliciting contrib	utions	
or 1	for commercial purposes, other than using th	e name and address of	any political co	mmittee to so	licit contributions fr	om such comn	nittee	
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	American Academy of Ophthalmolog	y Inc Political Comn	nittee (OPH	ГНРАС)				
	Full Name (Last, First, Middle Initial)				Transaction ID	. 37790-253	367373	22807
	Whitfield for Congress Committee				Date of Disburs		30,0,0	
	<u> </u>				M M / D	2 7 Y Y 2	0 0 9	1
	Mailing Address PO Box 391				0 3	27 2	009	
	City	State Zip	Code		Amount of Each	Disbursement	this Per	riod
	Hopkinsville	KY 42	241					-
	Purpose of Disbursement		Г			10	00.00	
	2010 Primary			011				
	Candidate Name		1 7	Category/				
	Edward Whitfield			Туре				
	Office Sought: X House Di	isbursement For:	2010					
	Senate	X Primary	General					
	President	Other (specify)	▼					
	State: KY District: 01							

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	—	95500.00

Image# 29933581144 Form/Schedule: F3X Transaction ID: